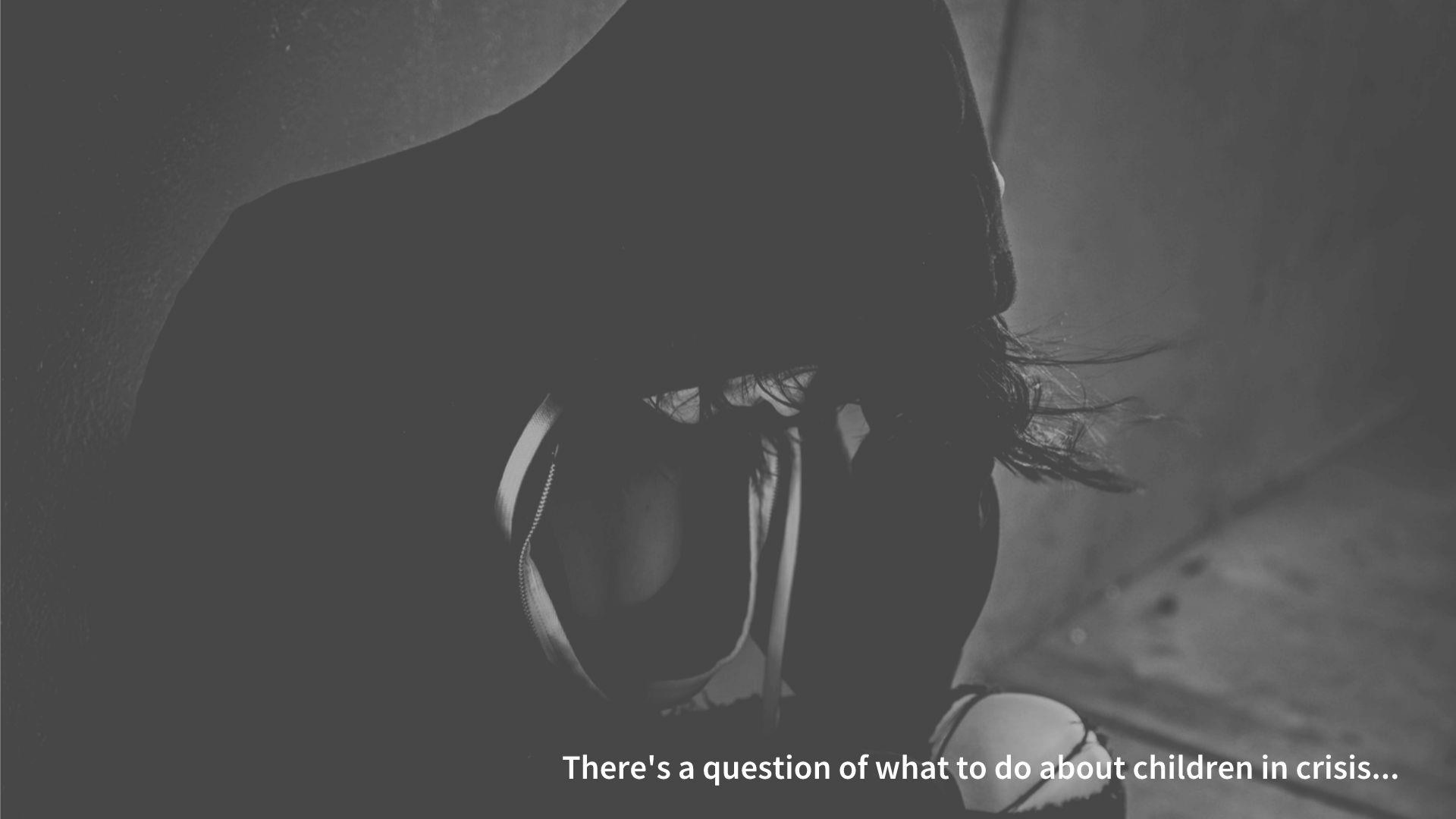


Child & Adolescent Behavioral Health

Sub-Chairwoman Sarah Y. Vinson, M.D.

- The Key Why
- Recommendations





There's a question of what to do about children in crisis...



But *the* question is *why* are there so many children in crisis in the first place?

A Solid Foundation



A True Home

Housing Stability
Food Security
Basic Needs Met



A Reliable Caregiver

Consistent, Available Adult
Instill Sense of Worth
Advocate for Child



Educational Opportunity

Safe Schools
Prep. for Career or College
Special Ed. Resources



Healthcare

Medical Care
Mental Health
Adequacy and Access



In Our State

- 33% of rural children live in poverty
- 21% of urban children live in poverty
- 44/50 states on measures of childhood poverty

A POOR Foundation - Poverty



No True Home

Housing Instability

Food Insecurity

Heavily Policed Neighborhoods



Impaired Caregivers

Poorly-supported adults

Lack of Living Wage

Unavailability - M.I.,
Incarceration, Work



Unmet Educational Needs

Under-Resourced Schools

Replication of Extant Social
Hierarchies



Limited Access

Gaps in Coverage and Capacity

Workforce Deficiencies

Administrative Hurdles



Missed Opportunities for Intervention Upstream

- Primary Care Visits
- Community Based Care
- Approach:
Optimization of What
and Who's in Place

Geographical Reach

Across the mental health continuum

Medicaid's Role in Children's Health



- **Reach**

- 1.3 million children in GA relied on Medicaid and CHIP at some point in FY 2016
- 76% of children living in or near poverty are served by public coverage
- 70% of all Medicaid/CHIP enrollees in GA are children

- **Covers 3/8 children in GA**

Rec. 1 Explore a Unified Medicaid Formulary



- **Potential Benefits**

- Re-claiming precious Clinician Time and preventing burnout
- Decreasing administrative burdens that have no pay off for the mental health of GA's children
- Cost-Saving to the state because of bigger volume discounts
- Transparency re: prescription drug costs

- **“Single formulary really helped us in our practice.”**

- Child Psychiatrist who was instrumental in the transition in LA

- **TX,* LA, MO, NY, OH, TN, MI, CA**

In NY estimated savings for SFY is 87.2 million w/ 1.5% risk margin

Primary Care Providers in the Gap

85 vs 51%



Yellow, High Shortage,
Red Severe Shortage,
Grey - None

Green - Sufficient



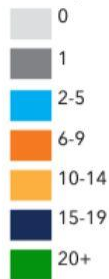
Rec. 2 - Sustainably support integrated care by PCPs

Integrated Care Billing Codes



- Psych.
Collaborative
Care Mgt. Services
- Integration Care
Management
- Telephone &
Internet
Consultations

Number of schools per county:



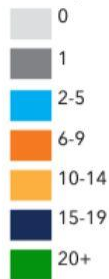
School-Based Health Centers and the GA APEX Program

Widely distributed

APEX Prioritizes Title 1 Schools

60% of SBHCs are in rural areas

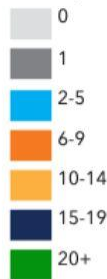
Number of schools per county:



Rec. 3 - Fund & Expand APEX

- Increase the number of schools served
- Include more providers from the community
- Develop more peer-to-peer supports

Number of schools per county:



Rec. 4 - Sustain & Support SBHCs

- Recognize important role in health and SDOH
- Integrated care codes will be helpful here, too
- Increase funding given growing needs